PTO/SB/06 (08-03)

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Substitute for Form PTO-875 /0/6 0 87 9.0								
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.15(a))					8	OR		<u>;</u>
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INDEPENDENT CLAIMS (37 CFR 1.18(b))	(n) minus 3 =	. 0		× ••		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))				+8=		OR	+/	
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CLAIMS AS AMENDED - PART II								
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 G-R 1.18(d)) 15TAL ADDULFEE OR ADDULFEE								
the particle selvers the phase the policy in column 2, write "O' in column 3.								
"If the "Highest Number Praviously Paid For" In THIS SPACE is less than 20, enter "20". "If the "Highest Number Praviously Paid For" In THIS SPACE is less than 3, enter "3". "If the "Highest Number Praviously Paid For" In THIS SPACE is less than 3, enter "3".								

The "right set Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "right set Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

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